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50 Years Ago in *THE JOURNAL OF PEDIATRICS*

Opioid Use Disorder Treatment in Adolescents: Then and Now

Litt IF, Colli AS, Cohen MI. Diazepam in the management of heroin withdrawal in adolescents: preliminary report. J Pediatr 1971;78:692-6.

Opioid use disorder remains a source of morbidity and mortality; it is estimated that 14 000 youth used heroin in 2017, with more than one-quarter of those meeting the criteria for a use disorder.[1] Litt et al, in their article on management of heroin withdrawal in adolescents, describe the use of diazepam for this purpose. The article summarizes 2 studies, one in mice and one in youth, exploring the use of diazepam as a viable option for avoidance of the major consequences of withdrawal. Diazepam was described as an "ideal agent" because of its nonaddictive nature and idyllic safety profile. At the time, the standard of care was symptom management through withdrawal and complete abstinence after withdrawal completion. Methadone is mentioned but is downplayed citing prolonged inpatient treatment with its use, leading to high wait times for initiation.

The thoughts and language surrounding addiction have changed over the years. The current standard of care involves medication-assisted therapy (MAT) with methadone, buprenorphine, or naltrexone. Methadone and buprenorphine decrease the overdose and death rate among adolescents and increase retention in treatment. With early initiation of treatment, consequences such as HIV or hepatitis C infection from intravenous drug use may be avoided. Although most studies are limited to adult treatment, buprenorphine is approved by the US Food and Drug Administration for use over the age of 16.

Access to MAT, however, is severely limited for adolescents. This underuse is owing primarily to a paucity of physicians trained to provide MAT for adolescents, with only 2.4% of adolescent heroin users in treatment receiving MAT. Other challenges to adolescent MAT access include the need for parental involvement in overdose prevention training, federal requirements for parental permission for methadone initiation, and transportation issues. Much work is needed to expand the workforce of pediatric MAT providers, and to build youth friendly programs to treat adolescent opioid use disorder.[1]

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